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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

42552

State File No.

Registration District No. 598

Primary Registration District No. 43-13

Registrar's No.

1. PLACE OF DEATH:

- (a) County Montgomery  
(b) City or town Hellsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years (Specify whether

In this community 8 years  
years, months or days)

3. (a) PRINT FULL NAME

William Leroy Shear

3. (b) If veteran, name war L

3. (c) Social Security No. R

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife if alive Mildred Shear

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased April - 8 - 1855  
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 24  
If less than one day hr. min.

9. Birthplace Plumerville  
(City, town or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name David Shear

13. Birthplace Mo.  
(City, town or county) (State or foreign country)

14. Maiden name Elizabeth Verbein

15. Birthplace Mo.  
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Shear

(b) Address Hellsville Mo

17. (a) David (b) Date thereof Jan 19 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Oak Grove Cemetery

18. (a) Signature of funeral director W. B. Wells

(b) Address Hellsville Mo

19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Montgomery  
(c) City or town Hellsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1 year 1942 hour 3:09 minute 30 M.

21. I hereby certify that I attended the deceased from Dec 28 to Jan 1 1942  
that I last saw him alive on Dec 31 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis and myocardial degeneration  
Due to

Due to 930  
Other conditions 930  
(Include pregnancy within 3 months of death)

Major findings: Of operations 930  
Of autopsy 930  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury  
23. Signature J. H. Paul (M. D. or other)  
Address Hellsville Mo Date signed 1/2/42

525

(Licensed Embalmer's Statement on Reverse Side)

FEB 18 1942

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Self  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

Licensed Embalmer No. 1588

P. O. Address

Kelleville, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **42552**  
Registrar's No. ....

Registration District No. **595**

Primary Registration District No. **4353**

1. PLACE OF DEATH

(a) County Montgomery  
(b) City or town Wellspring  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
in this community. years, months or days)

3. (a) PRINT  
FULL NAME

William L. Shear

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex

M

5. Color W  
race

6. (a) Single, widowed, married,  
divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if  
alive. years

7. Birth date of deceased

Apr 8  
(Month) (Day) (Year)

8. AGE:

Years 86

Months

8

Days

25

If less than one day

h

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) January 2, 1942 (b) Mrs. Virginia Norton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. (b) County.  
(c) City or town. (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 2 Year 1942 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from 1942 to 1942 that I have seen him alive on Jan 2 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)  
While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

FEB 18 1942

S-42552